

Nova Scotia only province to provide clinic for "environmentally sensitive" patients

Deborah Jones

An Atlantic squall has swept across Halifax, bringing a torrential downpour, but the rain doesn't bother the 300 Nova Scotians who have thronged into a ballroom in a nurses residence at the Victoria General Hospital. Most are patients on the waiting list to enter a program for "environmentally sensitive" patients and have ignored the driving rain to seek advice about personal problems.

In the hallway outside the room they left behind wet coats and other items, especially synthetic fabrics that might cause reactions. Huge fans in each corner of the ballroom were blowing filtered air over the crowd, and everyone was politely asked to wash off perfumes. Instead of coffee, paper cups and large glass tanks of mineral water were available. These measures were taken because of concern that some people might react strongly, perhaps to the point of swooning, because of exposure to various natural and human-made substances.

Most of them had already discussed their ill-defined symptoms with numerous general physicians and specialists before joining the 30-month waiting list for an appointment at Dr. Jerry Ross's clinic. Every 2 months Ross travels from his Dallas office

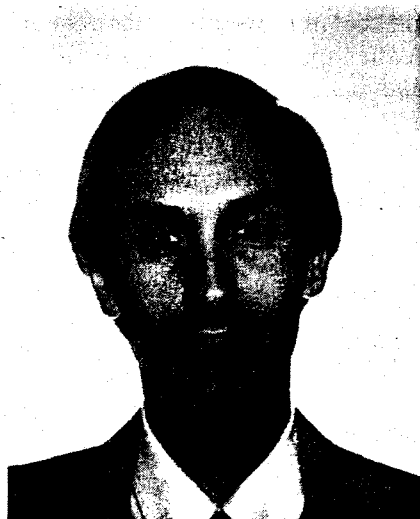
to treat "environmentally sensitive" Nova Scotians at the Nova Scotia Environmental Medicine Clinic.

The clinic is a pilot project sponsored by the Nova Scotia government. It's a measure of the public pressure over this issue that even in these days of massive health care cutbacks the province spends about \$200 000 annually on a program that mainstream medicine has yet to embrace. The money is spent bringing Ross and two Dallas-based nurses to Halifax six times a year to maintain the clinic's cramped offices on the fifth floor of the Victoria General Hospital's Bethune Building; it is also used to pay a part-time local registered nurse and receptionist.

Despite continuing controversy about the scientific validity of environmental illness, and even differences of opinion about what

environmental maladies should be called, environmental medicine centres are becoming increasingly common throughout North America. The Halifax operation is unusual, however, because it was established and paid for by government funds. "Internationally, Nova Scotia is seen as taking a leadership role in the promotion of further knowledge and expertise in this field," says Ross.

Since the clinic opened in September 1990, Ross has seen about 27 new patients during each visit, as well as 63 patients making return visits. "I have been both pleased and dismayed that there has been such a flood of referrals to the Environmental Medicine Clinic," Ross wrote in a recent report to the provincial health department. "On the one hand, I am pleased to find there is such a high demand for the ser-



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vice. On the other hand, I feel totally unable to cope with the large number of patients, some of whom have been sick and miserable for years."

Although the province is paying for the clinic, Nova Scotia officials take great pains to avoid

ing the government for continued support was placed at the door to the ballroom, and most of the people trooping in were eager to sign it.

Robin Barrett, president of the provincial chapter, is a "healthy building" consultant

been contaminated with dry-cleaning fluid in 1981. He believes that exposure to it caused him to develop multiple sensitivities to the fluid, to other chemicals and to many foods.

Ross's sensitivities were eventually confirmed by testing and were treated at the Environmental Health Centre in Dallas. With financial backing from the provincial government, he became a convert to the cause of environmental medicine. The province paid the cost of his 2-year training program at the Dallas clinic and in London, England. For personal reasons, Ross chose to remain in Dallas at the end of his training.

Today, he not only works at the Dallas clinic, but also frequently leaves Texas to speak about treatment methods at medical conferences and before government committees; he sits on the Ontario Advisory Committee on Environmental Hypersensitivity.

Every 2 months, for just over a week at a time, he visits Halifax to see patients referred to his clinic by family physicians. The clinic decides how urgent their problems are compared with the problems of others on its waiting list, and schedules an initial 1-hour appointment with Ross.

After he has taken a history and performed a physical examination, the patient undergoes intradermal testing to determine the extent of reactions to foods and chemicals; blood tests are also ordered to determine "the patient's nutritional status or level of chemical contamination."

For his speeches, Ross arrives armed with charts and dramatic photographs depicting problems with the world's environment and human health. The data cover everything from the increase in sugar consumption — from 1.36 kg per capita in 1900 to 65 kg in 1980 — to the huge increase in the use of pesticides. He also shows a picture of the smog covering Dallas, taken

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actually sanctioning the concept of environmental illness. "We don't use the term environmental hypersensitivities, but we do acknowledge that these individuals are ill," says John Malcom, administrator of health care facilities for the provincial health department.

The province recently began a 1-year evaluation of the clinic: it will be conducted by an expert in health care administration, and will include patient-satisfaction surveys. When the evaluation is completed, likely sometime this fall, the government will decide what form future funding for this type of health care will take.

In his report, Ross recommended that the province pay to have a Nova Scotia physician trained in environmental medicine; the doctor would then return to practise in the province.

The provincial chapter of the Allergy and Environmental Health Association is already lobbying to keep the clinic open and expand its services, and is also asking the federal government to provide support. On this rainy Halifax day, the association's petition ask-

whose sensitivities to terpenes prompted his involvement in the group. He opened the meeting by telling would-be clinic patients that "we are very lucky [because] Nova Scotia is the only place in Canada, and I'm told in the entire world, where the government is sponsoring environmental health treatment." He then introduced Ross as "a saviour in helping us get back on the road to health."

Ross, a Cape Breton native and 1974 graduate of Dalhousie University's medical school, came to environmental medicine the hard way. He practised as a family physician in the bucolic Annapolis Valley until the early 1980s when, inexplicably, he began to get sick. He was constantly exhausted and between 1982 and 1986 was capable of only part-time work, if he could work at all. He says he went from being an active, energetic physician involved with both the provincial medical society and a busy practice "to the point where getting up and going to the bathroom was all that I could master."

Ross finally learned, in 1986, that the water supply in his small valley town of New Minas had

from over the city's airport.

"We all have to live in a chemical world," Ross told his Halifax audience. "Our modern society is geared to that and I don't think you can change that [easily], except to become cognizant of what we're doing to ourselves and make the necessary changes."

Ross said environmental sensitivity is now more common because the environment is increasingly polluted and new synthetic chemicals have been developed. As well, energy-conservation efforts mean that more and more people are living and working in air-tight environments. "Indoor air pollution is often 10 to 100 times worse than outdoor air pollution," he stated.

Ross, who stresses that a diagnosis of environmental sensitivity should never ignore the possibility that a patient may have other health problems that require conventional treatment, also argues that physicians should consider environmental sensitivities when faced with puzzling symptoms.

Substances that trigger environmental reactions range from household cleaning products and gases from synthetic items like foam chair cushions to natural pollens associated with common allergies. Some of the substances that Ross's patients say they have been exposed to include commercial or institutional chemicals such as dry-cleaning fluids, and solvents such as paint thinners.

Ross is angry that physicians often refer patients with environmental symptoms for psychologic counselling. "Are patients with environmental illness really different, or are they just crazy?" he asked rhetorically. He answered that many patients have metabolic conditions that predispose them to becoming "sensitive." Most of his patients, he says, are deficient in vitamin B₆, "which is essential for over 100 different enzymes in

the body. Without enough B₆, the body doesn't detoxify well or feel well." Many patients have family histories of sensitivities, such as migraine headaches, hay fever or food allergies.

He said symptoms of chemical sensitivity vary among patients and over time, but include "fatigue, headache, mental confusion, joint pains, muscle aches, nausea and depression. In susceptible individuals, these symptoms and others may be triggered by exposure to commonly encountered substances in everyday settings."

Ross said his patients typically have been exposed to new paint, new synthetic carpets, natural-gas heating, or pesticides, such as those used to kill termites, in their home, or they have lived or

allergies, a "rotary diet" is prescribed in which the same food is not eaten more than once every 4 days. Patients are often advised about a nutritionally balanced diet that provides vitamins, minerals, amino acids and essential fatty acids; in many cases supplements are given, often intravenously.

"It's unfortunate that in the medical profession there continues to be an attitude that people who recommend taking vitamins are quacks," said an angry Ross.

Actually, medicine has two camps when it comes to environmental medicine. Physicians in one believe that environmental sensitivities are real, and that people can become extremely sensitive to low levels of substances that other people can tolerate easi-

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worked in air-tight buildings that have inadequate ventilation, on farms, or in some cases near high-voltage power lines.

"One of the very best things people can do is become better educated," he said. He also emphasized that a healthy mental attitude is important, and advised patients to make sure they have fun in their lives and meet their own spiritual, social and emotional needs. Ross's prescribed basic treatment for his patients is clean, filtered air, clean water that is bottled in glass, not plastic, and clean, organically grown food.

Often, in the case of food

ly. Those in the other say that environmental hypersensitivities are psychosomatic. "I've been on both sides of the fence and I know whereof I speak," said Ross.

"Of course, there are people who have a psychological basis for their fears," he conceded, but he argued that environmental sensitivities can now be tested and "it doesn't take a rocket scientist" to figure out that some people are physically unwell.

"In medicine all too often the system is closed," he concluded. "If something is not taught in medical school, it does not exist." ■